

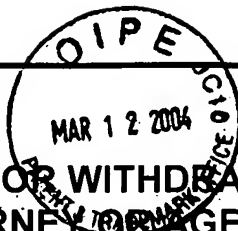
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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/729,621	
	Filing Date	December 5, 2003	
	First Named Inventor	John J. Thrall	
	Group Art Unit Number	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	23943-08269

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request to Withdraw as Attorney (in triplicate)
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
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<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>Laura Majerus</i>		
Attorney/Reg. No.:	Laura A. Majerus / Reg. No. 33,417	Dated:	March 9, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:	<i>Laura Majerus</i>		
Typed or Printed Name:	Laura A. Majerus	Dated:	March 9, 2004
Express Mail Mailing Number (optional):			



REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/729,621
Filing Date	December 5, 2003
First Named Inventor	John T. Thrall
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	23943-08269

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above-identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Seth Ostrow				
Address	Brown Raysman Millstein Felder and Steiner LLP				
Address	900 Third Avenue				
City	New York	State	NY	Zip	10022-4728
Country	USA				
Telephone	(212) 895-2040	Fax	(212) 895-2900		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 758.

on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Laura Majerus, Reg. No. 33,417
Signature	<i>Laura Majerus</i>
Date	March 9, 2004

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.